

City Council
Len Torres, *President*
Fran Adelson, *Vice President*
Anthony Eramo
Eileen J. Goggin
Scott J. Mandel

City of Long Beach



City Manager
Jack Schnirman

Assistant Superintendent
of Parks and Recreation
Paul Ferrante

Parks and Recreation Department

LONG BEACH SCHOOL DISTRICT RESIDENT RECREATION MEMBERSHIP

- **PROOF OF RESIDENCY** is required. Residents must show **two proofs of residency** such as a current utility bill and photo ID.
- **MEMBER MUST RESIDE IN POINT LOOKOUT, LIDO BEACH OR EAST ATLANTIC BEACH**
- **PROOF OF AGE** must be shown or application will not be accepted if purchasing **Child** or **Senior Citizen** membership.
- Membership entitles use of Recreation Facility, including: Pool, Weight & Cardio Rooms, Locker Room, Steam Room & Showers.
- Please fill out all information below and return to Recreation Center, Magnolia Blvd. & W. Bay Drive, Long Beach
- Make checks payable to CITY OF LONG BEACH with proper identification, such as Driver's License. Cash, Visa and Master Card are also accepted.
- Membership is non-transferable AND **non-refundable**.
- Please CHECK-IN AT FRONT DESK each time you come.

>> PUT TELEPHONE NUMBER ON CHECK<<

ONE YEAR FACILITY RATES		SIX MONTH FACILITY RATES	
_____ Child (Up to 16)	\$180.00	_____ Child (Up to 16)	\$105.00
_____ Adult	\$300.00	_____ Adult	\$165.00
_____ Couple	\$420.00	_____ Couple	\$240.00
_____ Family Plan	\$475.00	_____ Family Plan	\$280.00
_____ Senior Citizen (60+)	\$180.00	_____ Senior Citizen (60+)	\$105.00
_____ Physically Challenged	\$180.00	_____ Physically Challenged	\$105.00
_____ Swim Team Member	\$180.00	_____ Swim Team Member	\$105.00

THREE MONTH FACILITY RATES		MONTHLY FACILITY RATES	
_____ Child (Up to 16)	\$60.00	_____ Child (Up to 16)	\$22.00
_____ Adult	\$80.00	_____ Adult	\$38.00
_____ Couple	\$140.00	_____ Couple	\$53.00
_____ Family Plan	\$160.00	_____ Family Plan	\$60.00
_____ Senior Citizen (60+)	\$60.00	_____ Senior Citizen (60+)	\$22.00
_____ Physically Challenged	\$60.00	_____ Physically Challenged	\$22.00
_____ Swim Team Member	\$60.00	_____ Swim Team Member	\$22.00

(Please PRINT clearly and check desired membership)

NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

COUPLE NAME _____ DATE OF BIRTH _____ AGE _____ SEX _____

STREET _____ CITY _____ ZIP _____

PHONE (day) _____ (night) _____

EMERGENCY NAME _____ Relationship _____

EMERGENCY PHONE (day) _____ (night) _____

FOR RECREATION DEPT. USE ONLY

RECEIPT # _____ AMOUNT PAID _____ DATE _____ STAFF _____ POSTED _____

SCHOOL DISTRICT RESIDENT MEMBERSHIP APPLICATION

*FAMILY PASS INFORMATION

FAMILY NAME _____

1. Name _____ **Age** _____ **DOB** _____

2. Name _____ **Age** _____ **DOB** _____

3. Name _____ **Age** _____ **DOB** _____

4. Name _____ **Age** _____ **DOB** _____

5. Name _____ **Age** _____ **DOB** _____

6. Name _____ **Age** _____ **DOB** _____

7. Name _____ **Age** _____ **DOB** _____

8. Name _____ **Age** _____ **DOB** _____

9. Name _____ **Age** _____ **DOB** _____

* Family Pass includes Parents and children 16 and under residing at the same address.

RECEIPT # _____ **AMT PAID** _____ **DATE** _____ **STAFF** _____